

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              | 10598533  |          |        |                      |
|---|---|----------|--------|----------------------|
| <b>Filing Date:</b>                                     | 01-Sep-2006   |          |        |                      |
| <b>Title of Invention:</b>                              | Medicinal composition for prevention or treatment of overactive bladder accompanying nervous disorder |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | Yoshinobu Yamazaki  |          |        |                      |
| <b>Filer:</b>   | Jennifer Hayes/Amber A. Thompson  |          |        |                      |
| <b>Attorney Docket Number:</b>                          | Q96716  |          |        |                      |
| Filed as Large Entity                                   |   |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |          |        |                      |
| Description   | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |   |          |        |                      |
| <b>Pages:</b>   |   |          |        |                      |
| <b>Claims:</b>  |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |   |          |        |                      |
| <b>Petition:</b>  |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |   |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>                |   |          |        |                      |
| <b>Extension-of-Time:</b>                               |   |          |        |                      |
| Extension - 2 months with \$0 paid                      | 1252  | 1        | 490    | 490                  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>1300</b>          |